## PATENT APPLICAT. ... FEE DETERMINATION RECORD Eff. ve December 8, 2004

Application or Docket Number 10/539540

		CLAIM	S AS FILE	D - PART	1					<del></del>		
-			(C	olumn 1)	(Column 2)		SMALL E	NTITY	·	OTH OR SMAL	OTHER THAN SMALL ENTITY	
L	.S. NATION	AL STAGE FEE	3.	,		7	RATE	FEE	٦			
В	BASIC FEE		SMALL	ENT. = \$ 150	LARGE ENT. = \$ 30	$\exists$	<u> </u>	FEE		RATE	FEE	
E	KAMINATION	FEE	Satisfies P	CT Article 33(1)-	All other situations =	- 1	BASIC FEE		$\dashv^{\circ}$	R BASIC FEE	300	
SI	ARCH FEE		U.S. is ISA ALL othe	\$ 50 / \$ 100 = \$ 50 / \$ 100 or countries =	\$ 100 / \$ 200 All other situations =	-	EXAM. FEE		4	EXAM. FEE	200	
FE	E FOR EXTR	A SPEC. PGS.	\$ 20	0 / \$ 400 ninus 100 =	\$ 250 / \$ 500	-	SEARCH FE		_  _	SEARCH FE	E 400	
TO	TAL CHARGE	ABLE CLAIMS		·	/ 50 =	4.	X \$ 125 =	=		X \$ 250 :	=	
_	DEPENDENT		<del></del>	minus 20 = ,		_	X \$ 25 =		OF	X \$ 50 =		
-			2	minus 3 =		_	X \$ 100 =		OR	X \$ 200 =	-	
_	IULTIPLE DEPENDENT CLAIM PRESENT						+ \$ 180 =	,	OR	<b></b>	- <b> </b>	
" [i	If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	-	OR	¥ 555	900	
		CI AIMS AS	AMENDE	D D. D.	_				7	IOIAL	1	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2) SMALL ENITITY OF									OTHER THAN			
		CLAIMS	7	(Column HIGHES			SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R PRESENT SLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*	Minus	**	=	İ	X \$ 25 =				FEE	
	Independent	*	Minus	***	2	-			OR	X \$ 50 =		
	FIRST PRE	SENTATION OF N	MULTIPLE DE	PENDENT CL	AIM 🗔	-	X \$ 100 =		OR	X \$ 200 =		
		· · · · · · · · · · · · · · · · · · ·				L	+ \$ 180 =		OR	+\$ 360 =		
	•					'	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
_	· .	(Column 1)		(Column :	2) (Column 3)					·		
JAME INC.	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. [	RATE	ADDI- TIONAL	
	Γotal	*	Minus	**	=		X \$ 25 =		OR -	Y 0.55	FEE	
	ndependent	*	Minus	***	=	$\vdash$	<del></del>		╌	X \$ 50 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					┢	<b>(\$100 =</b>		OR	X \$ 200 =		
<del>-1</del> -			-,- <b>-</b> -	- DENT OLA			\$ 180 =			+ \$ 360 =	_ 1	
	•				:	10	TAL ADDIT. FEE		OR T	OTAL ADDIT. FEE		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Pald For" IN THIS SPACE is less than "20", enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.